



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF LICENSING AND REGULATORY SERVICES**  
**Medical Use of Marijuana Program**  
**Employee Application**

<b>SECTION 1: Employee Information</b>	Dispensary <input type="checkbox"/>	New <input type="checkbox"/>	Employee <input type="checkbox"/>
	Caregiver <input type="checkbox"/>	Renewal <input type="checkbox"/>	Board Member <input type="checkbox"/>
			Principal Officer <input type="checkbox"/>
Legal Name: _____			
Date of Birth: (Must be at least 21)		Telephone No.: (     )	
Home Address: _____			
City: _____	State: _____	Zip: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____	

<b>SECTION 2: Fees</b>	
<input type="checkbox"/> Employee Fee: \$25	\$ <u>25.00</u>
<input type="checkbox"/> Criminal Background Check: \$31.00 (Mandatory Annually)	\$ <u>31.00</u>
<b>ALL FEES ARE NON-REFUNDABLE (SECTION 7.1 MMMP RULES)</b>	
<b>Make bank check or money order payable to "Treasurer, State of Maine". We are unable to accept personal checks, cash and credit cards.</b>	
<b>Total Bank Check/Money Order enclosed:</b>	<b>\$ <u>56.00</u></b>

<b>SECTION 3: Renewals Only</b>	
1. Registration # _____ Control # _____	

*For questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services

Licensing and Regulatory Services

Maine Medical Use of Marijuana Program

41 Anthony Ave; 11 State House Station

Augusta, ME 04333-0011

Tel: (207) 287-4325

Fax: (207) 287-2671

Toll Free: 1-800-791-4080

TTY users call Maine relay 711

Email: [medmarijuana.dhhs@maine.gov](mailto:medmarijuana.dhhs@maine.gov)

Website: <http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

<b>Office Use Only:</b>				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

**SECTION 4: Employer Information**

Legal Name of Employer:

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: (     )

Caregiver Employer DOB (must be at least 21):

**SECTION 5: Submission**

Submit the following documents with your completed application:

- A bank check or money order made payable to "Treasurer, State of Maine"
- Copy of the employees current Maine Driver's License or Other Maine Issued Photographic Identification Card

**SECTION 6: Declaration**

- I UNDERSTAND and acknowledge my duties as an employee under the laws and regulations governing the Maine Medical Use of Marijuana Program.
- I AGREE that in the event that law enforcement questions my status as an employee, I must provide my state issued MMMP card.
- I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the MMMP identification card.
- I DECLARE under penalty of perjury that the information provided on this form is true and correct.
- I UNDERSTAND that I must submit a new employee application each time I apply for a card and/or renew a card.
- I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- I UNDERSTAND that as a registered employee, I am not authorized to conduct myself as a caregiver with all benefits and responsibilities associated with such designation.
- I UNDERSTAND that all fees are nonrefundable (Section 7.1 MMMP Rules)

\_\_\_\_\_  
Print name of Employee\_\_\_\_\_  
Signature of Employee\_\_\_\_\_  
Date